

Case Number:	CM14-0016415		
Date Assigned:	04/11/2014	Date of Injury:	09/04/2011
Decision Date:	05/28/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old male with date of injury of 09/04/2011. The listed diagnoses per [REDACTED] dated 01/16/2014 are myofascial sprain and strain of the lumbosacral spine, degenerative disk disease of the lumbosacral spine, and lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BUTRANS PATCHES 10MCG/HR #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The Official Disability Guidelines (ODG) does recommend Butrans as an option for treatment of chronic pain in selected patients. Also, it is suggestive for patients with hyperalgesic component to pain, centrally mediated pain, patients with neuropathic pain, patients at high risk of non-adherence with standard opiate maintenance, for analgesia in patients who have previously been detoxified from other high-dose opioids. Butrans patch contains buprenorphine, an opiate pain medication, use to treat moderate to severe chronic pain. For

chronic opiate use, MTUS Guidelines require specific documentation regarding pain and function. Page 78 of MTUS requires "pain assessment" that require "current pain, the least reported pain over the periods since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts". Furthermore, "the 4As for ongoing monitoring" are required. That includes analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. Review of the medical records submitted show that the patient has been using Butrans since 12/09/2013. The 01/16/2014 report documents the patient's pain level at 8/10 with medication and 10/10 without medication. In this case, the patient does not experience any significant functional improvement with medication use. In addition, the treating physician does not document ADLs, adverse side effects, and aberrant drug-seeking behavior as required by the MTUS Guidelines. The request for Burtrans patches 10 mcg/hr # 4 is not medically necessary and appropriate.